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CONFIRMATION NO. 8659

Bib Data Sheet

SERIAL NUMBER 10/055,569	FILING OR 371(c) DATE 10/26/2001 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 21402-191 (CURA 491)
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APPLICANTS

Esha A. Gangolli, Madison, CT;

** CONTINUING DATA *****

This appln claims benefit of 60/243,642 10/26/2000
 and claims benefit of 60/243,320 10/26/2000
 and claims benefit of 60/243,592 10/26/2000
 and claims benefit of 60/243,681 10/27/2000
 and claims benefit of 60/243,863 10/27/2000
 and claims benefit of 60/244,443 10/31/2000
 and claims benefit of 60/245,029 11/01/2000
 and claims benefit of 60/244,995 11/01/2000
 and claims benefit of 60/245,293 11/02/2000
 and claims benefit of 60/245,315 11/02/2000
 and claims benefit of 60/245,316 11/02/2000
 and claims benefit of 60/262,994 01/19/2001
 and claims benefit of 60/269,056 02/15/2001
 and claims benefit of 60/272,923 03/02/2001
 and claims benefit of 60/276,565 03/15/2001
 and claims benefit of 60/318,119 09/07/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/29/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

37915

TITLE

NOVEL HUMAN PROTEINS, POLYNUCLEOTIDES ENCODING THEM AND METHODS OF USING THE SAME

FILING FEE RECEIVED 1332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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		<input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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